

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001030

**Entity Name:** BNY MELLON CAPITAL MARKETS, LLC

**Current Principal Place of Business:**

240 GREENWICH STREET  
NEW YORK, NY 10286

**Current Mailing Address:**

240 GREENWICH STREET  
NEW YORK, NY 10286 US

**FEI Number:** 23-2384977

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name MANCINO, JOSEPH  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

Title MANAGER  
Name LISTA, WILLIAM  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

Title MANAGER  
Name HARRISON, WILLIAM RANDOLPH  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

Title MANAGER  
Name GARDINER, C. DELANEY  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

Title ASSISTANT TREASURER - TAX  
Name ORLOSKI, CLAUDINE  
Address BNY MELLON CENTER, ROOM 3210  
City-State-Zip: PITTSBURGH PA 15258

Title MANAGER  
Name DONOVAN, TIMOTHY  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

Title MANAGER  
Name KLINGER, DANIEL  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

Title MANAGER  
Name LYNCH, ROBERT  
Address 240 GREENWICH STREET  
City-State-Zip: NEW YORK NY 10286

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUDINE ORLOSKI

**ASSISTANT TREASURER - 04/04/2019  
TAX**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER

Name           GEARHART, JEFFREY S.

Address        240 GREENWICH STREET

City-State-Zip: NEW YORK NY 10286